



MITT ROMNEY  
GOVERNOR

Commonwealth of Massachusetts  
Division of Professional Licensure  
239 Causeway Street • Boston, Massachusetts 02114

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# Board of State Examiners of Electricians

*Please check the appropriate box for change(s)*

NAME CHANGE

☐

ADDRESS CHANGE

☐

DUPL. LICENSE

☐

WALL CERT.

☐

All requests should be mailed to the address listed above, and direct it to the Board of your profession. All Board names, room numbers and telephone numbers are listed on the reverse side of this sheet.

Print/type clearly the information as it  
is **NOW SHOWN** on your license:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

Board: \_\_\_\_\_ Lic. Type: \_\_\_\_\_

Lic. No: \_\_\_\_\_

U.S. SS # (Mandatory): \_\_\_\_\_

Birth Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print/type clearly the information as you  
wish it to appear on your **NEW** license.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For office use only

Fee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initial: \_\_\_\_\_

1. For name change or duplicate license, you **MUST** return your current license with this form. If your current license has been lost or stolen, please check here ☐.

2. For address changes only, **DO NOT** return your current license. All addresses are subject to disclosure upon request, M.G.L. c4 s7.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

**Please ☒ mark the appropriate box:**

- |   |                                  |
|---|----------------------------------|
| 1. Duplicate license                        | <input type="checkbox"/> \$17.00 |
| 2. Wall Certificate (Master/Syst Cont. lic) | <input type="checkbox"/> \$27.00 |
| 3. Name change with new license             | <input type="checkbox"/> \$27.00 |

Changes without duplicate license      no fee

Make check or money order payable to the  
"Commonwealth of Mass."

**DO NOT SEND CASH**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date